

FAIRFAX COUNTY PARK AUTHORITY
Parent Packet
Vendor & School-based Camps



****Please check the outside mailing label to be sure your child has been assigned to the correct camp.**

DO NOT MAIL FORMS IN. FORMS MUST BE PRESENTED ON FIRST DAY OF CAMP.

Welcome to Fairfax County Park Authority camps! Our goal is to provide children with a safe and enjoyable camp experience this summer. Please make sure your child comes to camp with the proper items and be sure you have read all of the information in this packet. It is also important to make sure we have the most current information on your member account (ie. Phone number and address). If you have moved and need to update your member account, please call (703)222-4664.

EMERGENCY MEDICATION

Epi-Pens and Inhalers may accompany your child to camp as long as the proper medical authorization is completed by a physician. Without this form, you will not be permitted to leave these emergency medications at camp. Please call (703) 324-8571 for the Authorization for Inhaler or Epi-Pen or go to our website at www.FairfaxCounty.Gov/Parks to obtain these forms.

SICK/ILL CHILDREN

If a child arrives with symptoms of illness or a temperature over 100 degrees, the child will not be permitted to stay. Parents must pick up sick/ill children immediately. Site staff will notify all parents about disease outbreaks. A doctor's note is required before children may return.

SIGNING IN/OUT

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick-Up Authorization Form. Custody issues require special attention, please call Youth Services at 324-8571. Parents must walk child to the specific meeting area.

LATE PARENT POLICY

If a parent or authorized person is late in picking the child up, a late fee of \$5 for every 15 minutes will be applied. If a child is consistently picked up late, the child may be dismissed from the program. Children become upset when parents are not on time, please call the site if you know you will be late. A staff member will remain with the child up to one hour after the program ends. After one hour Child Protective Services will be called. **STAFF IS NEVER ALLOWED TO TRANSPORT CHILDREN HOME!**

CHILDREN'S BELONGINGS

Please label ALL belongings. The FCPA and the site staff are not responsible for lost/stolen items. Personal belongings should be kept a backpack.

SUNSCREEN & LOTION APPLICATION

Staff is not permitted to apply sunscreens or lotions to children.

BEHAVIOR MANAGEMENT AND DISCIPLINARY ACTIONS

If a child brings a weapon to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and no refund will be given. For inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action. FCPA reserves the right to immediately dismiss a child from any program. **STAFF WILL NEVER:** 1) use physical punishment; 2) be verbally abusive; 3) force, withhold, or substitute food; 4) give any child the authority to punish another child; 5) place a child out of visual/hearing sight, in the dark, or in an unventilated place; 6) punish a child for a toileting accident.

All participants enrolled in Fairfax County Park Authority programs must meet the code of conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without staff support (2) stay with assigned group (3) respect others (listen, follow directions, use appropriate language, keep hands to oneself) (4) maintain self control (5) meet the prerequisite skills for the program if required.

REPORTING CHILD ABUSE & NEGLECT

If it is suspected that a child has been abused, neglected, or exploited in any way, program staff is required to report it to the Youth Services Director who will immediately make a report to Child Protective Services. Confidentiality will be maintained.

QUESTIONS/CONCERNS

If you have questions or concerns, you can address them to any of the following people: Camp Staff, Site Manager or Contractor, or Youth Services Specialist (324-8571).

REFUNDS/TRANSFERS

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call (703) 222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds and transfers must be requested at least ten business days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds. Refunds are not permitted for those who register within ten business days prior to the start of a camp session. Transfers cannot be done within the ten business day period before the start of camp. Within the ten business days of the start of camp, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received **BEFORE** the camp begins. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours for a pro-rated refund. Requests received after the camp session ends will not be granted.

INCLEMENT WEATHER

Please check with your child's instructor for the inclement weather policy camp will be following. Children will go outside on code red days before noon and will be given several water and shade breaks.



Accommodations: If participation accommodations and/or alternative information formats are needed in accordance with the Americans with Disabilities Act, please call (703) 324-8563 at least 10 working days in advance of the date needed. TTY (703) 803-3354

REMEMBER TO BRING FORMS WITH YOU ON FIRST DAY. DO NOT MAIL.



Fairfax County Park Authority Children's Emergency and Medical Information

Child's Name: _____ Sex: ____ Male ____ Female
Last First MI

Address: _____
Street City State Zip

Phone (h): _____ Child's Date of Birth: ____/____/____/____/____/____

Parent/Guardian Name: _____ E-Mail _____
Last First MI

Address: _____
Street (if different from child's) City State Zip

Phone (h) _____ (w) _____ (c) _____

Parent/Guardian Name: _____ E-Mail _____
Last First MI

Address: _____
Street (if different from child's) City State Zip

Phone (h) _____ (w) _____ (c) _____

****Mandatory 2 Emergency Contacts other than parents (required by the VA Dept of Social Services)**

Emergency Contact #1 _____ Relationship to Child _____

Address _____ Phone (H) _____ (W) _____

Emergency Contact #2 _____ Relationship to Child _____

Address _____ Phone (H) _____ (W) _____

Child's Physician (name & phone) _____

Insurance Company (name & policy #) _____

___ Yes ___ No Is your child under physician's care or taking medications on a continuing basis? If yes, please explain what for.

___ Yes ___ No Does your child have a contagious disease? If yes, please describe. _____

___ Yes ___ No Does your child have any allergies? If yes, please specify allergies. _____

What should be done if your child comes into contact with an allergen? _____

___ Yes ___ No Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please explain.

___ Yes ___ No Does your child take medications? If yes, please list. If during camp, you must contact Youth Services for proper medical authorization forms.

___ Yes ___ No Is your child allowed to participate in swimming/wading activities if included in the program?

What is your child's swimming ability: ____ Non-Swimmer ____ Beginner Swimmer ____ Experienced Swimmer

What schools or other programs does your child attend? _____

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize the FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises that I carry health insurance for my child. I have read the policies for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

Parent/Guardian's Signature

Date

DO NOT MAIL THIS FORM. PLEASE BRING TO CAMP ON FIRST DAY.



Fairfax County Park Authority
Pick Up Authorization
(For School and Vendor Based Locations)

Child's Name:

Camps Child is Enrolled in:

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked at sign out. (please include yourself)

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up my child:

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature_____ **Date**_____

DO NOT MAIL THIS FORM. DROP OFF ON FIRST DAY OF CAMP.